



WISCONSIN NON-ROAD CONSTRUCTION LEGACY FLEET DIESEL ENGINE REPOWER GRANT PROGRAM – CERTIFICATION STATEMENT

Wisconsin Department of Transportation
DT2402 2009

Notice: Incomplete forms may not be considered. Personally identifiable information collected will be used for grant administration and may be provided to requesters as required by Wisconsin's Open Record law (ss. 19.31-19.39, Wis. Stats.).

Applicant:

1. Certifies that, to the best of their knowledge, the information being submitted is true and correct.
2. Certifies that the applicant owns the equipment for which it is applying for grant coverage.
3. Certifies that the applicant is headquartered in Wisconsin.
4. Certifies that price quotes were obtained in an open, free and competitive manner.

I CERTIFY TO THE BEST OF MY KNOWLEDGE THAT THE INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT AND THAT I AM A LEGALLY AUTHORIZED SIGNATORY OR DESIGNEE FOR THE SUBMITTAL OF THIS INFORMATION AND ANY OTHER REQUIRED INFORMATION ON BEHALF OF THE APPLICANT.

Print Name of Authorized Representative	Title of Authorized Representative
Signature of Authorized Representative	Date Signed